Under the Paperwork Reduction Act of 1895, his persons are reduced to respond to a polledion of knownallon unless it districts a valid pide, confirm number. PATENT APPLICATION FEE DETERMINATION RELIERD Substitute for Form PTO-876 APPLICATION AS FILED - PART L (Oolumn 1) (Column 2) SMALL ENTITY OTHER THAN. FOR SMALL ENTITY HUMBER FILED BABIC FEE (17 CFR 1.16(a), (b); or (c)) NUMBER EXTRA RATE (\$) FEE (8) - N/A . iva RATE (1) FEE (\$) GEARCH FEE (B) OFF TI SE(M) · . 'N/A' N/A M/A HA EXAMPLATION FEE (8) OFR 1.16(0), (p), or (q) NA N/A N/A HX. TOTAL CLAIMS N/A 67 CFR 1.16(1) NA minus 20 = MOEPENDENT CLAIMS GT OFR 1.15(N) 26 = OR 50 minus s. = If the specification and drawings exceed 100 x 105 = APPLICATION SIZE 200. sheels of paper, the application size fee due FEE (37 CFR 1.16(3)) streets of paper, the apphroauton are lee due to \$250 (\$130 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT, G7 CFR 1.16(1) 185 If the difference in column 1 is less than zero, enter "0" in column 2. 370 TOTAL APPLICATION AS AMENDED - PART II TOTAL : 0 (Column 1) (Column 2) · (Column 3) OTHER THAN CLAIMS SMALL ENTITY HIGHEST NUMBER PREVIOUSLY SMALL ENTITY REMAINING AFTER AMENDMENT PRESENT ŘĄTE (\$) · ADDI-TIONAL FEE (\$) EXTRA RATE (\$) ADDI: Total: TIONAL FEE (\$) Minus independent of OFR 1,16(N) x 25 Minus ÖR x.50 Application Size Fee (37 CFR 1.16(s)) x 105 210 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFF, 1.16(f)) 185 340 OR TOTAL ADD'L FEE TOTAL (Column 1) ADD'L FEE (Column 2) (Column 3) CLAIMS REMAINING HIGHEST PRESENT EXTRA AFTER AMENDMENT NUMBER PREVIOUSLY RATE (\$) ADDI-TIONAL FEE (\$)-RATE (\$) ADDI-PAID FOR 囡 Total CFR 1.1607 TIONAL Minus FEE (\$) D CO hostependen Di OFA LIGNI. x 25 Minus × 50 OR Application 8the Fee (37 CFR-1.16(s)) 105 x 210 = FIRST PRESENTATION OF MULTIPLE DEPENDENT OLAIM (1) OFR 1.150)

TOTAL .

I the entry in column 1 to tess than the entry in column 2, write of the column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by line including gathering, preparing, and submitting the completed application form to the Uspto. Time will vary dependent to take 12: minutes to complete, on the amount of time you require to complete this form and/or suggestions for reducing this burden, though the public which is to file (and by line and I redemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OR

(you need assistance in completting the form, ball 1-800-PTO-8168 and select option 2